

FILED FEB 24 1942

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4919 Shaw Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME George Salerno

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 65.
hr. min.

9. Birthplace Italy
(City, town, or county) (State or foreign country)

10. Usual occupation Tailor

11. Industry or business _____

12. Name Steffano Salerno

13. Birthplace Italy
(City, town, or county) (State or foreign country)

14. Maiden name Maria Salerno

15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Salerno

(b) Address 4919 Shaw Ave

17. (a) Burial (b) Date thereof Jan 7, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter & Paul Cem.

18. (a) Signature of funeral director Paul Calabrese

(b) Address 5142 Daggett Ave

19. (a) JAN 6 1942 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, MO. (If outside city or town limits, write "RURAL") 1317
(d) Street No. 4919 Shaw Ave (If rural, give location) 7
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1942 hour 6.50 minute 17 A. M.

21. I hereby certify that I attended the deceased from Dec 20 1942 to Jan 4 1942
that I last saw him alive on Jan 3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease Duration 1 year

Due to _____

Due to _____

Other conditions Acute Bronchitis 2 weeks
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Ex 111

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury (1)

23. Signature Joseph J. Peri (M. D. or _____)

Address 1462 N. Taylor Date signed 1/6/42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Guy W. Wilkinson

Licensed Embalmer No. *3575*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.